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15

Number of Pages (including this page)

Date: November 28, 2005
To: Scott B. Geyer - 2812
Location: United States Patent and Trademark Office
Fax No.: 571-273-8300
From: Michael J. Balconi-Lamica - 34,291
Subject: 10/737,115- Toni D. Van Gompel et al.

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MESSAGE:

Enclosed herewith, please find a FORMAL AMENDMENT for filing in the below-identified application.

ALL ITEMS MARKED WITH AN "X" ARE INCLUDED:

1.	x	1 page Facsimile Cover Sheet
2.	x	10 page Amendment
3.	x	1 page Petition for Extension of Time (in duplicate)
4.	x	1 page Fee Transmittal (in duplicate)

Paid by Deposit Account: 503079, Freescale Semiconductor, Inc. \$450

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE TRANSMITTED TO THE
PATENT AND TRADEMARK OFFICE:

ON: 11/28/05
Date

Michael J. Balconi-Lamica
Signature

PLEASE GIVE THESE PAPERS TO:

EXAMINER: Scott B. Geyer
GROUP ART UNIT: 2812
SERIAL NO.: 10/737,115
FILED: DECEMBER 16, 2003
INVENTOR: TONI D. VAN GOMPEL ET AL.

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FEE TRANSMITTAL		Complete if Known																																																																																																																																																																																																																															
Patent fees are subject to annual revision		Application Number	10/737,115																																																																																																																																																																																																																														
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		First Named Inventor	Toni D. Van Gompel et al.																																																																																																																																																																																																																														
		Examiner Name	Scott B. Geyer																																																																																																																																																																																																																														
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<div style="text-align: center;">METHOD OF PAYMENT (check all that apply)</div> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: <div style="margin-left: 40px;">Deposit Account Number 503079</div> <div style="margin-left: 40px;">Deposit Account Name FREESCALE SEMICONDUCTOR, INC.</div>		<div style="text-align: center;">FEE CALCULATION (continued)</div>																																																																																																																																																																																																																															
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